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Public Health Emergencies: *What Counts?*

Lawrence O. Gostin

Georgetown University Law Center, gostin@law.georgetown.edu

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Public Health Emergencies: *What Counts?*

BY LAWRENCE O. GOSTIN

Jonathan Herington, Angus Dawson, and Heather Draper are such exceptional thinkers that when they make an argument to advance the public's health, scholars ought to take heed. In this essay, they make a characteristically elegant argument in favor of framing obesity as a public health emergency. It is hard to object to the essay's two dominant observations: certain chronic diseases pose grave harms to populations that are as significant as rapidly emerging threats, and the sharp distinction often drawn between urgent and everyday health threats is overly simplistic and counterproductive.

As to the first, chronic diseases rank high as a measure of global burden of disease. Among these are noncommunicable diseases (such as cancer, cardiovascular disease, and diabetes), mental illness, and HIV/AIDS. Although acute infectious diseases are commonly thought to take most disability-adjusted life years (because they often affect the young), NCDs occur increasingly frequently in early or middle age, posing severe burdens to health systems and overall productivity. At the same time, while many NCDs were characteristically a developing world

problem, they are now increasingly concentrated on low- and middle-income countries.

As to the second, the on-off switch of an emergency declaration appears artificial. Whether a threat rises to the level of an "emergency" and when it ceases to be an "emergency" are both unclear. It may be more useful to think of a health threat as a continuum—as measured by the percentage of the population affected and the gravity of the harm. Thinking of an emergency as a continuum rather than a threshold makes it possible to calibrate the needed surge in resources and exercise of powers so that these are commensurate to the level of the threat.

Although their essay offers valuable insights on how to conceptualize health hazards and understand their effects on populations, I resist the label "public health emergency" for obesity, and here is why. It is important—politically and pragmatically—to be judicious with words that have legal and real-world consequences. Once a concept is stretched to encompass a broad swath of events, it loses its power. The broader the application of the term "public health emergency," the more it loses the core idea of an emergent event. Thus, framing a long-simmering health hazard such as obesity as an emergency would mute the voices of public health authorities seeking a surge response to a truly emergent event, such as a rapidly spreading novel disease or a natural or man-made disaster.

An "emergency" is classically used to describe an event that emerges precipitously, unpredictably, and requires rapid action and often a surge response. The *Oxford English Dictionary* defines "emergency" as "a state of things unexpectedly arising, and urgently demanding immediate action." Declaring a state of emergency implies that the emergent situation is time limited and will come to an end after an effective intervention. This would mean that ramping up resources to meet a challenge would be for the duration of the crisis, allowing key actors to return to a more normal level of activity and resource allocation within a reasonable, often foreseeable, period.

The Ebola epidemic in Guinea, Liberia, and Sierra Leone provides an archetypal illustration of an emergency, justifying the deployment of extraordinary resources and requiring effective coordination among multiple actors. The Ebola epidemic arose unexpectedly

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and unpredictably: after lying dormant in primate populations, the virus jumped to an index case and embedded itself in poor congested cities; it is currently on an exponential trajectory. Ebola warrants a vast surge response to prevent a catastrophic escalation, and if that response succeeds, the emergency will come to an end. These characteristics of Ebola—as well as its international spread—afforded the World Health Organization the authority under the International Health Regulations to declare Ebola a Public Health Emergency of International Concern, just as it did with influenza (H1N1) during the 2009 pandemic of that disease. The 2014 United Nations Security Council Resolution on Ebola similarly was justified by the emergent threat to international peace and security.

Although a broad range of conditions—notably NCDs—pose risks far greater than Ebola or H1N1, they do not warrant an emergency declaration. Consider also this political dynamic. In 2011, the United Nations General Assembly adopted a “high-level political declaration” on NCDs. The NCD Alliance pushed hard to have obesity characterized as an “epidemic,” but states resisted. From the governmental perspective, framing obesity as an epidemic, implying the need for an emergency response, went too far; it could blunt future political framing of health hazards as public health emergencies. “Crying wolf” is a serious matter, and what we intuit is that we need to do so sparingly, very selectively.

Obesity is endemic in the population and is not expected to spread in an epidemic trajectory. It undeniably poses a health threat for the foreseeable future, but the threat is long term.

Nonetheless, although it is not a good candidate for an emergency declaration, the severity of the threat should provide political cover for important and interrelated claims. Given the deep population-based impact of obesity, it is reasonable for policy-makers to devote resources that are commensurate with the level of the threat. Interventions should also be guided by available scientific evidence. If the evidence shows that the “softer,” and ordinary, measures applied to obesity (such as public education and information) are likely to be ineffective, then it warrants a “harder” response. That response might include economic measures designed to alter behavior, such as a tax on soda or other unhealthy foods; indirect regulation, such as a portion-size limit; or direct regulation, such as specifying the amount of sugar, saturated or trans fats, or sodium permitted in various products.

The “harder” response runs into the paternalism objection. But that objection ought to be met with evidence of effectiveness and careful ethical reasoning about why individuals do not possess full autonomy, that their autonomy is affected by the social milieu and the massive marketing by the food industry. Those kinds of claims worked with tobacco, and though it is more difficult to make the political case with food, it is the honest argument. If policy-makers and the public view the framing of obesity as an “emergency” as disingenuous, then the label could backfire. Worse still, it could undermine the legitimacy of government in declaring an emergency to respond to the next unexpected, rapidly emerging—truly emergent—health crisis. And that could be detrimental to the public’s health and safety.